

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V73357

FILED
Jan 11, 2010
Secretary of State

Entity Name: WINGS HEALTH CARE SOLUTIONS, INC.

Current Principal Place of Business:

35246 US HWY 19 N, #303
PALM HARBOR, FL 34684 US

New Principal Place of Business:

Current Mailing Address:

35246 US HWY 19 N, #303
PALM HARBOR, FL 34684 US

New Mailing Address:

FEI Number: 59-3148745 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWSER, MATTHEW J
35246 US HWY 19 N, #303
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: BOWSER, MATTHEW J.
Address: 35246 US HWY 19 N, #303
City-St-Zip: PALM HARBOR, FL 34684 US

Title: SC
Name: BOWSER, PAMELA
Address: 35246 US HWY 19 N, #303
City-St-Zip: PALM HARBOR, FL 34684 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MATTHEW J BOWSER

PRES

01/11/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date